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## Attorney Docket Number **DECLARATION FOR UTILITY OR** RAJA SINGH TULI First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION Application Number (37 CFR 1.63) Filing Date ☐ Declaration Submitted after Initial ☑ Declaration Group Art Unit Submitted OR Filing (surcharge (37 CFR 1.16 (e)) with Initial **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PORTABLE HIGH.	<del></del> -							
10-11-12-11-01-1	(T)	itle of the Invention)		·				
the specification of which								
is attached hereto								
OR as United States Application Number or PCT International  was filed on (MM/DD/YYYY)								
·			00	(if applicable).				
Application Number		mended on (MM/DD/YY)						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
(-)								
	1							
Additional foreign application	numbers are listed as a	supplemental priority da	ata sheet PTO/SP	V/02B attached hereto:				
Additional foreign application  I hereby claim the benefit unde								
Application Number(s)	Fining Dat	(		al provisional application s are listed on a				
Application Number(s)		te (MM/DD/YYYY)	Addition	al provisional application				

[Page 1 of 2]

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label		OR 🔀 Cor	respondence address below				
Name RAJA SINGH TUL	LI						
Address 1155 RENE LEVE	SQUE	WEST					
Address SUITE 3500		T					
City MONTREAL		QUEBEC Z	H3B 376 5/4 871 3864				
Country CANADA Telepi		71 0984	5/4 871 3864 ax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) RAJA SING	GH	Family Name TU(	I				
Inventor's Signature			12 FEB, 200 j				
Residence: City MONTREAL	QUE I State	BEC CANADA Country	CANA DIAN Citizenship				
Mailing Address 1155 RENE LEVESQUE WEST							
Mailing Address SUITE 3500							
City MONTREAL State QUE	BEC .	ZIP H3B 3T6	Country CANADA				
NAME OF SECOND INVENTOR:		A petition has been file	d for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature			Date				
	State	Country	Citizenship				
Residence: City	Joiate	Country					
Mailing Address							
Mailing Address			T				
City State		ZIP	Country				
Additional inventors are being named on thesupp	Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						